Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

| Applicant Name: JANET BARKLEY-BOOHER | | | | |
|-------------------------------------------------------------------------------------------|-----------------------|----------|--|--|
| Date Received: $\frac{02/22/2013}{2013}$ Applicant Number: $\frac{10372}{2013}$ | | | | |
| Recommended Applicant Pool Status: | Final Applicant Po | | | |
| ☐ Included ☐ Removed | Included | Removed | | |
| REQUIREMENTS: | | | | |
| 1. Was the application received before the submi | ssion deadline? | □Yes □No | | |
| If NO, list time/date application was received: | | | | |
| 2. Is the application complete? | Ŭyes □No | | | |
| If NO, list the item(s) that need to be completed: | | | | |
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| | | | | |
| 3. Indicate how the applicant responded to the following questions: | | | | |
| A. Student enrolled in a college/university in the City of Austin? | | ☐Yes ☐No | | |
| If YES, consider I and ii only; If NO, consider I, ii, iii, and iv: | | | | |
| i. Reside in the City of Austin? | | ☐Yes ☐No | | |
| ii. Registered to vote in the City of Au | stin? | ✓Yes ☐No | | |
| iii. Continuously registered to vote in | the City of Austin? | ☐Yes ☐No | | |
| iv. Voted in 3 of the last 5 City of Aust | in general elections? | □Ves □No | | |
| A. Faller, and add all the protupressions | | □Yes ☑No | | |
| Follow-up needed related to REQUIREMENTS? If YES, identify issue(s) addressed and dispose | sition: | ∟Yes ĽNo | | |

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CONFLICTS OF INTEREST:

| 4. | Did the applicant respond "Yes" to any conflict of interest of interest of the second | questions? |
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| * | Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition: | □Yes ☑No |
| <u>cc</u> | DNSISTENCY: | |
| 5. | Are applicant answers consistent? If NO, indicate which answer(s): | □Yes □No |
| * | Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition: | □Yes ☑No |
| Δ, | nnlication Reviewed By: TRPF ELETIN - MDIBO | Pavious Partos 02 / 25 / 20 #7 |
| Q | uality Control Review By: | QC Review Date: 03/01/2013 |
| | ollow-up Contact(s) Reviewed By: | |